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WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 6460

SERIAL NUMBER 09/410,160	FILING DATE 09/30/1999 RULE	CLASS 395	GROUP ART UNIT 2123	ATTORNEY DOCKET NO. 0325.00239	
APPLICANTS RISTO BELL, SAN JOSE, CA; J DANIEL MERCHANT, STARKVILLE, MS;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/20/1999					
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 2	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 3
ADDRESS 21363 CHRISTOPHER P. MAIORANA, P.C. 24025 GREATER MACK SUITE 200					

Printed 02/19/2004

APPLICATION NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCK
09/410,160	09/30/1999	395	2123	0325.002

APPLICANT

RISTO BELL, SAN JOSE, CA; J DANIEL MERCHANT, STARKVILLE, MS.

CONTINUING DOMESTIC DATA**
VERIFIED

371 (NAT'L STAGE) DATA**
VERIFIED

FOREIGN APPLICATIONS**
VERIFIED

FOREIGN FILING LICENSE GRANTED 10/20/1999

Foreign priority claimed 35 USC 119 (a-d) conditions met	O yes O no O yes O no O Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEP CLA
Verified and acknowledged	Examiner's Name Initials	MS	2	13	3

ADDRESS

CHRISTOPHER P. MAIORANA, P.C.
24025 GREATER MACK
SUITE 200
ST. CLAIR SHORES , MI 48080

TITLE

METHOD AND APPARATUS FOR AUTOMATED ENUMERATION, SIMULATION,
IDENTIFICATION AND/OR IRRADIATION OF DEVICE ATTRIBUTES

SERIAL NUMBER 09/410,160	FILING DATE 09/30/99	CLASS 395	GROUP ART UNIT 2763	ATTORNEY DOCKET NO. 0325:00239
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APPLICANT

RISTO BELL, SAN JOSE, CA; J DANIEL MERCHANT, STARKVILLE, MS.

****CONTINUING DOMESTIC DATA*******

VERIFIED

NONE EG

****371 (NAT'L STAGE) DATA*******

VERIFIED

NONE EG

****FOREIGN APPLICATIONS*******

VERIFIED

NONE EG

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 10/20/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Met after Allowance <input type="checkbox"/>	STATE OR COUNTRY CA	SHEETS DRAWING 2	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 3
Verified and Acknowledged <u>Edmund Davis</u> EG Examiner's Initials Initials						

SEE CUSTOMER NUMBER: 021363

ADDRESS

TITLE

METHOD AND APPARATUS FOR AUTOMATED ENUMERATION, SIMULATION, IDENTIFICATION AND/OR IRRADIATION OF DEVICE ATTRIBUTES

FILING FEE RECEIVED

\$760

FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
NO. _____ for the following:

- ☐ All Fees
- ☐ 1.16 Fees (Filing)
- ☐ 1.17 Fees (Processing Ext. of time)
- ☐ 1.18 Fees (Issue)
- ☐ Other _____
- ☐ Credit _____